

TRANSMITTAL FORM

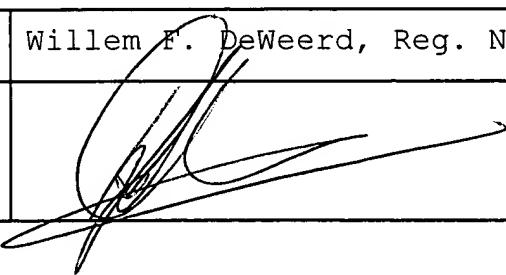
(Be used for all correspondence after initial filing)

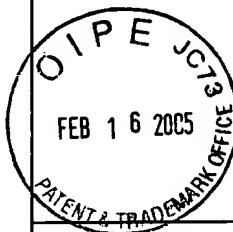
Complete if Known	
Application Number	09/763,914
Filing Date	May 11, 2001
First Named Inventor	STAHLER
Examiner Name	Bennet M. Celsa
Group Art Unit	1639
Attorney Docket Number	2923-438
Total Number of Pages in This Submission	Confirmation Number 3624

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

REMARKS:

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Willem F. DeWeerd, Reg. No. 51,613			
SIGNATURE		DATE	February 16, 2005	DEPOSIT ACCOUNT USER ID



FEE TRANSMITTAL for FY 2005

(Small Entity)

Applicant claims small entity status

Total Amount of Payment (\$)*65*

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METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135.
- Payment by check enclosed.

FEE CALCULATION

1. FILING, SEARCH AND EXAMINATION FEES

Code	Fee	Fee Description	Fee Paid
1001	150	Utility Filing Fee <i>filed before Dec. 8, 2004</i>	[]
	395		[]
1111	250	Utility Search Fee	[]
1311	100	Utility Examination Fee	[]
1002	100	Design Filing Fee <i>filed before Dec. 8, 2004</i>	[]
	175		[]
1112	50	Design Search Fee	[]
1312	65	Design Examination Fee	[]
1003	100	Plant Filing Fee <i>filed before Dec. 8, 2004</i>	[]
	275		[]
1113	150	Plant Search Fee	[]
1313	80	Plant Examination Fee	[]
1004	150	Reissue Filing Fee <i>filed before Dec. 8, 2004</i>	[]
	395		[]
1114	250	Reissue Search Filing Fee	[]
1314	300	Reissue Examination Fee	[]
1005	100	Provisional Filing Fee	[]

SUBTOTAL \$

2. CLAIMS

Extra Claims	Fee	Fee Paid
Total Claims [] - 20* = [] x \$25 = []		
Independent Claims [] - 3* = [] x 100 = []		
Multiple Dependent Claims + 180 = []		

*or number previously paid, if greater

SUBTOTAL \$

SUBTOTAL \$ *65*

3. APPLICATION SIZE FEE

Total Sheets [] - 100 = []/50 = []** x \$125 =

** Number of each additional 50 or fraction thereof

SUBTOTAL \$

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Willem F. DeKeerd, Reg. No. 51,613			
SIGNATURE		DATE	February 16, 2005	DEPOSIT ACCOUNT USER ID 02-2135